

Check Space

- ☐ Branch
☐ Dental
☐ Eng. Div.
☐ Other _____

INDIANA STATE DEPARTMENT OF HEALTH
Environmental Laboratory
635 N Barnhill Dr., Room 13G
P.O. Box 7202
INDIANAPOLIS, INDIANA 46207-7202
CHEMICAL EXAMINATION OF WATER

Do not write in this space

Lab No. _____

Date Rec. _____

Date Rep. _____

FILL IN THIS SPACE.

Indiana State Department of Health is to mail report to:

Name _____

Street _____

City or Town _____ IN _____ ZIP _____

Also, mail copy of report to:

Name _____

Street _____

City or Town _____ IN _____

Name of Utility or Organization _____ Supt. _____

City or Town _____

Collected by _____ Date Collected _____ Hour _____

Where was sample collected? _____ Bottle No. _____

Name unusual conditions _____

PWS Identification Number _____

| FIELD INFORMATION | | LABORATORY EXAMINATION | | | | | |
|---|-------|------------------------------------|-------|-------------------|------------------|-------|-------------------|
| Indicate all treatment this sample has received | Check | | Check | Do not Check mg/l | | Check | Do not Check mg/l |
| No Treatment | | MO Alkalinity as CaCO ₃ | | | Arsenic | | |
| Chlorination | | Hardness as CaCO ₃ | | | Barium | | |
| Plain sedimentation | | Turbidity | | | Cadmium | | |
| Aerated and settled | | pH | | | Chromium (Total) | | |
| Potassium Permanganate | | | | | Lead | ✓ | |
| Coagulant Aide | | Chlorides as Cl | | | Mercury | | |
| Prechlorinated | | Sulfates as SO ₄ | | | Selenium | | |
| Filtered | | Phosphates as PO ₄ | | | Silver | | |
| Postchlorinated | | | | | | | |
| Zeolite softened | | Fluorides as F | | | Iron | | |
| Lime-soda softened | | Nitrate + Nitrite as N | | | Manganese | | |
| Coagulated and settled | | Nitrates as N | | | | | |
| Phosphate treatment | | Nitrite as N | | | Calcium | | |
| Fluoride treatment | | Sp. Cond. µmhos/cm | | | Magnesium | | |
| | | | | | Sodium | | |
| | | Organics | | | Potassium | | |
| | | Endrin | | | | | |
| | | Lindane | | | | | |
| FIELD EXAMINATION | | Methoxychlor | | | | | |
| pH | | 2, 4-D | | | | | |
| CO ₂ mg/l | | 2, 4, 5-TP | | | Radionuclides | | pCi/l |
| Iron mg/l | | Toxaphene | | | Gross Alpha | | |
| | | | | | Gross Beta | | |
| | | | | | | | |

REMARKS:

LEAD RISK ASSESSMENTS

COPY TO: CATHY NORDHOLM, MCH 2 N. MERIDIAN 7th FLOOR

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CHEMICAL EXAMINATION OF WATER

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Lab No. _____

Date Rec. _____

Date Rep. _____

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Indiana State Department of Health is to mail report to:

Name _____

Street _____

City or Town _____ IN _____ ZIP _____

Also, mail copy of report to:

Name _____

Street _____

City or Town _____ IN _____

Name of Utility or Organization _____ Supt. _____

City or Town _____

Collected by _____ Date Collected _____ Hour _____

Where was sample collected? _____ Bottle No. _____

Name unusual conditions _____

PWS Identification Number _____

| FIELD INFORMATION | | LABORATORY EXAMINATION | | | | |
|---|-------|------------------------------------|-------|-------------------|------------------|-------|
| Indicate all treatment this sample has received | Check | | Check | Do not Check mg/l | | Check |
| No Treatment | | MO Alkalinity as CaCO ₃ | | | Arsenic | |
| Chlorination | | Hardness as CaCO ₃ | | | Barium | |
| Plain sedimentation | | Turbidity | | | Cadmium | |
| Aerated and settled | | pH | | | Chromium (Total) | |
| Potassium Permanganate | | | | | Lead | |
| Coagulant Aide | | Chlorides as Cl | | | Mercury | |
| Prechlorinated | | Sulfates as SO ₄ | | | Selenium | |
| Filtered | | Phosphates as PO ₄ | | | Silver | |
| Postchlorinated | | | | | | |
| Zeolite softened | | Fluorides as F | | | Iron | |
| Lime-soda softened | | Nitrate + Nitrite as N | | | Manganese | |
| Coagulated and settled | | Nitrates as N | | | | |
| Phosphate treatment | | Nitrite as N | | | Calcium | |
| Fluoride treatment | | Sp. Cond. µmhos/cm | | | Magnesium | |
| | | | | | Sodium | |
| | | Organics | | | Potassium | |
| | | Endrin | | | | |
| | | Lindane | | | | |
| FIELD EXAMINATION | | Methoxychlor | | | | |
| pH | | 2, 4-D | | | | |
| CO ₂ mg/l | | 2, 4, 5-TP | | | Radionuclides | pCi/l |
| Iron mg/l | | Toxaphene | | | Gross Alpha | |
| | | | | | Gross Beta | |
| | | | | | | |

REMARKS: Private Water Supply Nitrate analysis

INTERPRETATION OF NITRATE/NITRITE RESULTS

PRIVATE WATER SUPPLY

Using Federal regulations under the Safe Drinking Water Act (SDWA) as a guideline, the maximum contaminant level (MCL) for Nitrate as N is 10.0 mg/L (ppm) and for Nitrite as N is 1.0 mg/L (ppm). The health significance of these levels applies to pregnant women, new-borns and infants. The major health effect associated with these levels is methemoglobinemia, also known as "blue-baby syndrome".

Nitrate/Nitrite as Nitrogen (N)

| Result (mg/L) | | |
|---------------|--|--|
| <0.1 – 1.0 | Your water is satisfactory based on Nitrate/Nitrite analysis. | |
| 1.1 – 10.0 | Your water is satisfactory based on Nitrate MCL. Check to see if your Nitrite level is above 1.0 mg/L. | Order a Nitrite Sample Kit |
| >10.0 | Confirm result with another sample. In the meantime, if you have any of the susceptible groups in the home, they should not drink this water. | Order a Total Nitrate-Nitrite Sample Kit |

(ppm = parts per million = mg/L)

Check Space
Branch
Dental
Eng. Div.
Other

INDIANA STATE DEPARTMENT OF HEALTH
Environmental Laboratory
635 N Barnhill Dr., Room 13G
P.O. Box 7202
INDIANAPOLIS, INDIANA 46207-7202
CHEMICAL EXAMINATION OF WATER

Do not write in this space
Lab No. **HM**
Date Rec. _____
Date Rep. _____

FILL IN THIS SPACE.

Indiana State Department of Health is to mail report to:

name **ISDH (Bharat Patel)**
address **635 N. BARNHILL DR.**
city or town **INDIANAPOLIS** IN ZIP

Also, mail copy of report to:

Name _____
Street _____
City or Town _____ IN _____

Name of Utility or Organization **ISDH** Supt. _____
City or Town _____
Collected by _____ Date Collected _____ Hour _____
Where was sample collected? **M50034** Bottle No. **10**
Name unusual conditions _____
PWS Identification Number _____

| FIELD INFORMATION | | LABORATORY EXAMINATION | | | | | |
|--|-------|------------------------------------|-------|-------------------|------------------|-------|-------------------|
| Indicate all treatment this sample has received. | Check | | Check | Do not Check mg/l | | Check | Do not Check mg/l |
| No Treatment | | MO Alkalinity as CaCO ₃ | | | Arsenic | | |
| Chlorination | | Hardness as CaCO ₃ | | | Barium | | |
| Plain sedimentation | | Turbidity | | | Cadmium | ✓ | |
| Aerated and settled | | pH | | | Chromium (Total) | ✓ | |
| Potassium Permanganate | | | | | Lead | ✓ | |
| Coagulant Aids | | Chlorides as Cl | | | Mercury | | |
| Prechlorinated | | Sulfates as SO ₄ | | | Selenium | | |
| Filtered | | Phosphates as PO ₄ | | | Silver | | |
| Postchlorinated | | TOC | ✓ | | NICKEL | ✓ | |
| Zeolite softened | | Fluorides as F | | | Iron | | |
| Lime-soda softened | | Nitrate + Nitrite as N | | | Manganese | | |
| Coagulated and settled | | Nitrates as N | | | ZINC | ✓ | |
| Phosphate treatment | | Nitrite as N | | | Calcium | | |
| Fluoride treatment | | Sp. Cond. µmhos/cm | | | Magnesium | | |
| | | | | | Sodium | | |
| | | Organics | | | Potassium | | |
| | | Endrin | | | COPPER | ✓ | |
| | | Lindane | | | | | |
| FIELD EXAMINATION | | Methoxychlor | | | | | |
| pH | | 2, 4-D | | | Radionuclides | | pCi/l |
| DO ₂ mg/l | | 2, 4, 6-TP | | | Gross Alpha | | |
| Iron mg/l | | Toxaphene | | | Gross Beta | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

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- ☐ Branch
☐ Dental
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☐ Other _____

INDIANA STATE DEPARTMENT OF HEALTH
 Environmental Laboratory
 635 N Barnhill Dr., Room 13G
 P.O. Box 7202
 INDIANAPOLIS, INDIANA 46207-7202
CHEMICAL EXAMINATION OF WATER

Do not write in this space

Lab No. _____

Date Rec. _____

Date Rep. _____

FILL IN THIS SPACE.

Indiana State Department of Health is to mail report to:

Name _____

Street _____

_____ IN _____
 City or Town ZIP

Also, mail copy of report to:

Name _____

Street _____

_____ IN _____
 City or Town

Name of Utility or Organization _____ Supt. _____

City or Town _____

Collected by _____ Date Collected _____ Hour _____

Where was sample collected? _____ Bottle No. _____

Name unusual conditions _____

PWS Identification Number _____

| FIELD INFORMATION | | LABORATORY EXAMINATION | | | | | |
|---|-------|------------------------------------|-------|-------------------|------------------|-------|-------------------|
| Indicate all treatment this sample has received | Check | | Check | Do not Check mg/l | | Check | Do not Check mg/l |
| No Treatment | | MO Alkalinity as CaCO ₃ | | | Arsenic | | |
| Chlorination | | Hardness as CaCO ₃ | | | Barium | | |
| Plain sedimentation | | Turbidity | | | Cadmium | | |
| Aerated and settled | | pH | | | Chromium (Total) | | |
| Potassium Permanganate | | | | | Lead | | |
| Coagulant Aide | | Chlorides as Cl | | | Mercury | | |
| Prechlorinated | | Sulfates as SO ₄ | | | Selenium | | |
| Filtered | | Phosphates as PO ₄ | | | Silver | | |
| Postchlorinated | | | | | | | |
| Zeolite softened | | Fluorides as F | | | Iron | | |
| Lime-soda softened | | Nitrate + Nitrite as N | | | Manganese | | |
| Coagulated and settled | | Nitrates as N | | | | | |
| Phosphate treatment | | Nitrite as N | | | Calcium | | |
| Fluoride treatment | | Sp. Cond. µmhos/cm | | | Magnesium | | |
| | | | | | Sodium | | |
| | | Organics | | | Potassium | | |
| | | Endrin | | | | | |
| | | Lindane | | | | | |
| FIELD EXAMINATION | | Methoxychlor | | | | | |
| pH | | 2, 4-D | | | | | |
| CO ₂ mg/l | | 2, 4, 5-TP | | | Radionuclides | | pCi/l |
| Iron mg/l | | Toxaphene | | | Gross Alpha | | |
| | | | | | Gross Beta | | |
| | | | | | | | |

REMARKS:

Also, mail copy of report to:

Name _____

Street _____

_____ IN _____

City or Town _____

Name of Utility or Organization _____ Supt. _____
City or Town _____
Collected by _____ Date Collected _____ Hour _____
Where was sample collected? _____ Bottle No. _____
Name unusual conditions _____
PWS Identification Number _____

| FIELD INFORMATION | | | LABORATORY EXAMINATION | | | | |
|---|--|------------------------------------|------------------------|-------------------|------------------|-------|-------------------|
| Indicate all treatment this sample has received | | | Check | Do not Check mg/l | | Check | Do not Check mg/l |
| No Treatment | | MO Alkalinity as CaCO ₃ | | | Arsenic | | |
| Chlorination | | Hardness as CaCO ₃ | | | Barium | | |
| Plain sedimentation | | Turbidity | | | Cadmium | | |
| Aerated and settled | | pH | | | Chromium (Total) | | |
| Potassium Permanganate | | | | | Lead | | |
| Coagulant Aide | | Chlorides as Cl | | | Mercury | | |
| Prechlorinated | | Sulfates as SO ₄ | | | Selenium | | |
| Filtered | | Phosphates as PO ₄ | | | Silver | | |
| Postchlorinated | | | | | | | |
| Zeolite softened | | Fluorides as F | | | Iron | | |
| Lime-soda softened | | Nitrate + Nitrite as N | | | Manganese | | |
| Coagulated and settled | | Nitrates as N | | | | | |
| Phosphate treatment | | Nitrite as N | | | Calcium | | |
| Fluoride treatment | | Sp. Cond. µmhos/cm | | | Magnesium | | |
| | | | | | Sodium | | |
| | | Organics | | | Potassium | | |
| | | Endrin | | | | | |
| | | Lindane | | | | | |
| FIELD EXAMINATION | | Methoxychlor | | | | | |
| pH | | 2, 4-D | | | | | |
| CO ₂ mg/l | | 2, 4, 5-TP | | | Radionuclides | | pCi/l |
| Iron mg/l | | Toxaphene | | | Gross Alpha | | |
| | | | | | Gross Beta | | |
| | | | | | | | |

REMARKS: _____

IDEM SSLA PROGRAM

INSTRUCTIONS FOR TOTAL NITRATE/NITRITE SAMPLE COLLECTION

(Please read all instructions before collecting)

1. The Total Nitrate/Nitrite sample kit consists of: instruction form, analysis request form, and 1-125ml plastic bottle containing a disk with acid preservative.

2. The following instructions describe the method of collection:

Do not rinse the sample container or discard the acid preservation disk! The filter disk is saturated with 50% sulfuric acid (see precautions) and is used to preserve the sample for the analysis of total nitrate/nitrite.

- a. Flush the sample tap for five (5) minutes prior to collecting the sample.
 - b. Reduce the flow of the water and fill the sample container to the shoulder of the bottle. Replace and tighten the cap to prevent sample leaking.
3. Complete the analysis request form with the indication that the total nitrate/nitrite test is desired.
 4. Place the sample bottle and analysis request form in the mailing container and return to the ISDH as soon as possible (within 72 hours).

**INDIANA STATE DEPARTMENT OF HEALTH
ENVIRONMENTAL MICROBIOLOGY LAB
635 N. BARNHILL DRIVE, ROOM 13G
PO BOX 7202
INDIANAPOLIS, IN 46207-7202**

WARNING

The Indiana State Department of Health assumes no liability for the use of this kit.

Precautions In Sample Collection for Total Nitrate/Nitrite Analyses:

CAUTION: Do not rinse out the bottle.

CAUTION: Do not fill the bottle past the shoulder of the sample container.

CAUTION: Do not contaminate the contents of the filled bottle.

CAUTION: The filter disk in the sample bottle is saturated with 50% sulfuric acid which is very corrosive and must remain in the bottle at all times. Sulfuric acid can burn the skin. If acid gets on the skin, immediately drench the area with cold water for 3 to 5 minutes. All burns of any significance should be treated by a physician.

Check Space

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☐ Dental
☐ Eng. Div.
☐ Other _____

INDIANA STATE DEPARTMENT OF HEALTH
 Environmental Laboratory
 635 N Barnhill Dr., Room 13G
 P.O. Box 7202
 INDIANAPOLIS, INDIANA 46207-7202
CHEMICAL EXAMINATION OF SOIL

Do not write in this space

Lab No. _____

Date Rec. _____

Date Rep. _____

FILL IN THIS SPACE.

Indiana State Department of Health is to mail report to:

Name _____

Street _____

City or Town _____ IN _____ ZIP _____

Also, mail copy of report to:

Name _____

Street _____

City or Town _____ IN _____

Name of Utility or Organization _____ Supt. _____

City or Town _____

Collected by _____ Date Collected _____ Hour _____

Where was sample collected? _____ Bottle No. _____

Name unusual conditions _____

PWS Identification Number _____

| FIELD INFORMATION | | LABORATORY EXAMINATION | | | | | |
|---|-------|------------------------------------|-------|-------------------|------------------|-------|-------------------|
| Indicate all treatment this sample has received | | | Check | Do not Check mg/l | | Check | Do not Check mg/l |
| No Treatment | Check | MO Alkalinity as CaCO ₃ | | | Arsenic | | |
| Chlorination | | Hardness as CaCO ₃ | | | Barium | | |
| Plain sedimentation | | Turbidity | | | Cadmium | | |
| Aerated and settled | | pH | | | Chromium (Total) | | |
| Potassium Permanganate | | | | | Lead | | |
| Coagulant Aide | | Chlorides as Cl | | | Mercury | | |
| Prechlorinated | | Sulfates as SO ₄ | | | Selenium | | |
| Filtered | | Phosphates as PO ₄ | | | Silver | | |
| Postchlorinated | | | | | | | |
| Zeolite softened | | Fluorides as F | | | Iron | | |
| Lime-soda softened | | Nitrate + Nitrite as N | | | Manganese | | |
| Coagulated and settled | | Nitrates as N | | | | | |
| Phosphate treatment | | Nitrite as N | | | Calcium | | |
| Fluoride treatment | | Sp. Cond. μmhos/cm | | | Magnesium | | |
| | | | | | Sodium | | |
| | | Organics | | | Potassium | | |
| | | Endrin | | | | | |
| | | Lindane | | | | | |
| FIELD EXAMINATION | | Methoxychlor | | | | | |
| pH | | 2, 4-D | | | | | |
| CO2 mg/l | | 2, 4, 5-TP | | | Radionuclides | | pCi/l |
| Iron mg/l | | Toxaphene | | | Gross Alpha | | |
| | | | | | Gross Beta | | |
| | | | | | | | |

REMARKS:

SDG 1715

CHEMICAL EXAMINATION OF BOTTLED WATER

Lab No. 146816 H A

Date Rec. **01/04/2005**

Date Rep. _____

Indiana State Department of Health is to mail report to:

Manager, Food Protection Program

Name _____

2 North Meridian Street, 5 C

Street

Indianapolis, IN

46204

City or Town

Zip

Also, mail copy of report to:

Name _____

Street

City or Town

IN

Zip

Name of establishment

Address

2000 Martin Luther King Jr

City

Indianapolis

Zip

46202

Collected by

Piki Saha

Date collected 01-04-05

Time

11:55 am

Where was sample collected?

well #1

Number of containers

Type of water

well drinking water

Unusual conditions

untreated

Person from whom sample obtained

Tony Nicholas

LABORATORY EXAMINATION

| GENERAL CHEMISTRY | Check | ORGANICS | Check | METALS | Check |
|-----------------------------|-------|-------------------------------------|-------|------------------|-------|
| Fluorides as F | X | Volatile Organic Chemicals (VOC's) | | Aluminum | X |
| Nitrate + Nitrite as N | X | Method 524.2 | X | Antimony | X |
| Nitrates as N | X | | | Arsenic | X |
| Nitrite as N | X | | | Barium | X |
| | | Synthetic Organic Chemicals (SOC's) | | Beryllium | X |
| Total Phenol | X | Method 504.1 | X | Cadmium | X |
| | | Method 508 | X | Chromium (Total) | X |
| | | Method 515.3 | X | Copper | X |
| Cyanide | X | Method 525.2 | X | Iron | X |
| Chlorides as Cl | X | Method 531.1 | X | Lead as Pb | X |
| Sulfates as SO ₄ | X | Method 552.2 | X | Manganese | X |
| | | method 625 | X | Nickel | X |
| Total Dissolved Solids | X | | | Selenium as Se | X |
| | | | | Silver as Ag | X |
| Turbidity | X | | | Thallium | X |
| | | | | Zinc | X |
| | | | | | |
| | | RADIOLOGICAL | | Mercury as Hg | X |
| | | Radionuclides | | | |
| | | Gross Alpha | | | |
| | | Gross Beta | | | |

To be filled in by Food Protection

Reviewed by _____ Conclusion and Recommended Actions

Signed _____ Date _____

State Form 51768 (5-04)



INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

Project:
2005Fixed Station

☒ OWQ

☐ OSHWM

☐ OER

☐ OAM

Sample Set: 05FSW067

CHAIN OF CUSTODY

SOUTH A ROUTE

I Certify that the sample(s) listed below was/were collected by me or in my presence.

Date: 3/10/05 P.O.

Signature: JOEL ARMSTRONG

Section: Surveys Section

| LAB NUMBER ASSIGNED | IDEM CONTROL NUMBER | CONSISTING OF THE INDICATED NUMBER OF BOTTLES | | | | | | | | | | | | DATE AND TIME COLLECTED |
|---------------------------|---------------------------|--|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|--------------|------------------|------------------------------|------------------------------|------------------------------|---------------------|----------------------------|
| | | 200ml P ₁ N.M. | 100ml P ₂ N.M. | 1000ml G ₁ N.M. | 500ml G ₂ W.M. | 250ml G ₂ W.M. | 125ml G ₂ W.M. | 40ml VIAL | 120ml P(B.O.) | 500ml P ₂ N.M. | 250ml P ₂ N.M. | 250ml T ₁ N.M. | | |
| 5061814 154194 | AA26093 (143) | | 4 | | | | | | 1 | | | | 3/10/05 10:45 AM/PM | |
| 154195 | AA26094 (BLK) | | 3 | | | | | | 1 | | | | 3/10/05 11:20 AM/PM | |
| 154196 | AA26095 (144) | | 5 | | | | | | 1 | | | | 3/10/05 11:15 AM/PM | |
| 154197 | AA26096 (145) | | 4 | | | | | | 1 | | | | 3/10/05 10:00 AM/PM | |
| 154198 | AA26097 (146) | | 4 | 2 | | | | | 1 | | | | 3/10/05 09:10 AM/PM | |
| 154199 | AA26098 (147) | | 4 | | | | | | | | | | 3/9/05 13:00 AM/PM | |
| 154200 | AA26099 (148) | | 4 | | | | | | | | | | 3/9/05 14:30 AM/PM | |
| 154201 | AA26100 (149) | | 3 | | | | | | | | | | 3/9/05 15:30 AM/PM | |
| 154202 | AA26101 (150) | | 3 | | | | | | | | | | 3/9/05 17:10 AM/PM | |
| 154203 | AA26102 (151) | | 3 | | | | | | | | | | 3/9/05 16:20 AM/PM | |
| 154204 | AA26103 (145a) | | 4 | | | | | | 1 | | | | 3/10/05 10:00 AM/PM | |
| | | | | | | | | | | | | | 1/1 : AM/PM | |

T-Teflon

P-Plastic

G-Glass

N.M.-Narrow Mouth

W.M.-Wide Mouth

B. O.- Bacti. Only

I certify that I received the above sample(s)

CARRIERS

Should samples be iced?

Y N

| RELINQUISHED BY: RECEIVED BY: | SIGNATURE | DATE AND TIME | SEALS INTACT | | COMMENTS |
|----------------------------------|---------------|------------------|-----------------|---|----------|
| | | | Y | N | |
| RELINQUISHED BY: | | 3/10/05 | | | |
| RECEIVED BY: | | 12:45 AM/PM | Y | N | |
| RELINQUISHED BY: | | 1/1 | | | |
| RECEIVED BY: | | : AM/PM | Y | N | |
| RELINQUISHED BY: | | 1/1 | | | |
| RECEIVED BY: | | : AM/PM | Y | N | |
| RELINQUISHED BY: | | 1/1 | | | |
| RECEIVED BY: | | : AM/PM | Y | N | |

Lab Custodian (ISDH)

I certify that I received the above sample(s) and is/are recorded in the official record book. The same samples will be in custody of competent laboratory personnel at all times or locked in a secure area.

Signature:

3 Date: 10/05 Time: 12:45 AM/PM



Indiana State
Department of Health

INDIANA STATE DEPARTMENT OF HEALTH
Chemistry Laboratory
CHAIN OF CUSTODY

I certify that sample(s) listed below was (were) collected by me or in my presence

Signature _____

Date: ____/____/____

| LAB ASSIGNED NUMBER | CONTROL NUMBER | MATRIX | CONSISTING OF THE INDICATED NUMBER OF BOTTLES | | | | | | | DATE AND TIME COLLECTED | |
|---------------------------|-------------------|--------|--|--------------------|------------------|-------------------|---------------|-------------------|-------------------|----------------------------------|-----------------|
| | | | 2000 ml Plastic | 1000 ml Plastic | 1000 ml Glass | 500 ml Plastic | 40 ml Vial | 120 ml Plastic | 250 ml Plastic | | 500 ml Glass |
| 1 | | | | | | | | | | / - / : AM / PM | |
| 2 | | | | | | | | | | / - / : AM / PM | |
| 3 | | | | | | | | | | / - / : AM / PM | |
| 4 | | | | | | | | | | / - / : AM / PM | |
| 5 | | | | | | | | | | / - / : AM / PM | |
| 6 | | | | | | | | | | / - / : AM / PM | |
| 7 | | | | | | | | | | / - / : AM / PM | |
| 8 | | | | | | | | | | / - / : AM / PM | |
| 9 | | | | | | | | | | / - / : AM / PM | |
| 10 | | | | | | | | | | / - / : AM / PM | |
| 11 | | | | | | | | | | / - / : AM / PM | |
| 12 | | | | | | | | | | / - / : AM / PM | |
| SIGNATURE | | | DATE AND TIME | | SEALS INTACT? | COMMENTS | | | | Please send report to: | |
| RELINQUISHED BY: | | | / / | | Yes No | | | | | | |
| RECEIVED BY: | | | : AM/PM | | Yes No | | | | | | |
| RELINQUISHED BY: | | | / / | | Yes No | | | | | | |
| RECEIVED BY: | | | : AM/PM | | Yes No | | | | | | |
| RELINQUISHED BY: | | | / / | | Yes No | | | | | | |
| RECEIVED BY: | | | : AM/PM | | Yes No | | | | | | |

LABORATORY CUSTODIAN

I certify that I have received the above sample(s) and it (they) will be in the custody of competent laboratory personnel at all times or locked in a secure area.

Signature: _____ Date: ____/____/____ Time: ____:____ AM / PM

State Form 42091 (R / 2-03)

Indianapolis, IN 46206-6015

| | |
|-------------|--|
| Print Name: | |
| Signature: | |

Indianapolis, IN 46206-6015

(2H-2J) DATE & TIME

| Date | Time |
|------|------|
|------|------|

AM / PM

I certify that I received the above samples. After recording these samples in the official logbook, they

| Date | Time |
|------|------|
|------|------|

AM / PM

| Date | Time |
|------|------|
|------|------|

INSTRUCTIONS FOR FILLING OUT THE CHAIN OF CUSTODY FORM

This is a triplicate form. Please use a ball-point pen and press hard!

When shipping samples, each cooler must have its own chain-of-custody form.

1. Begin at the top with the four-part box.

- A. Write your name in the upper right part.
- B. Sign your name in the lower right part.
- C. Write the sample date(s) in the lower left part.

2. Fill out the main block of the form as you collect the samples.

- A. Please leave the Laboratory Control Number column blank; it is for lab use.
- B. The second column is for the sample numbers issued by the OLQ gatekeeper. One sample number per line, please!
- C. Use the third column to indicate the sample type (e.g., air, soil, waste, sediment, etc.)
- D. The next four columns are used to indicate the number of sample bottles of each basic type – glass containers (excepting 40ml vials), plastic containers, 40 ml vials, and Other (i.e. Suma canisters).
- E. The slanted boxes are used to indicate the type of analyses to be performed. Unless your samples are undergoing more than fourteen types of analysis, please use a separate slanted box for each analysis type. In some cases, it may be desirable to use the appropriate method number rather than the method name. For example, rather than writing "VOCs", you could choose to write "8260" or "524" to indicate the SW-846 or drinking water methods, respectively. Details on method types and numbers are available from the OLQ sampling gatekeeper.
- F. Mark the squares below the slanted boxes with an "X" to indicate which samples you wish to have analyzed by each type of analysis.
- G. Any comments related to the individual samples.
- H. The date of sample collection goes in the "Date" column.
- I. Time of sample collection goes in the "Time" column.
- J. Check the "AM" box if the sample was collected during morning hours, and the "PM" box if the sample was collected during afternoon or evening hours.

3. Go to the Required Turnaround Time box in the lower left hand area of the form. Circle the interval within which the lab has to return the results with all required documentation. The authorized turnaround time appears on the Sample Request Form. Altering the turnaround time approved and signed for by supervisory staff will require re-approval.

4. The Comments box is available for recording any additional information that might be of use to the laboratory. For example, this space can be used to indicate the sample(s) to be spiked, or to record any deviation from standard procedures.

5. The signature boxes in the lower right portion of the form are important for documenting transfer of sample custody from the sampler(s) to the laboratory (and through any intermediary). Any person relinquishing sample custody must sign a "Relinquished by" line in the Transfer of Custody section and indicate the date and time of transfer. The person receiving the samples must likewise sign the following "Received by" line and indicate the date and time of the transfer. Shipping personnel do not need to sign the chain-of-custody. Rather, your copy of the airbill will serve as a custody record.

6. The laboratory representative who receives the samples must sign the "Received by" line in the **Laboratory Receipt of Samples** section. The representative must also indicate, in the appropriate boxes, the date and time of sample receipt, the name of the laboratory, and the laboratory's street address.

7. When shipping samples, remove the bottom (pink) copy of the form before placing the rest of the form in the cooler to be shipped. When dropping samples off at a laboratory, wait until all signatures are obtained before removing the bottom copy.